**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ROME DIVISION**

IN RE:	)	**CHAPTER 13**
MATTHEW DAVID LANDERS,	)	
MELEAH BETH LANDERS,	)	**CASE NO. R18-41619BEM**
	)	
DEBTORS,	)	**JUDGE ELLIS-MONRO**

AMENDMENT TO SCHEDULES E/F

COME NOW the Debtors in the above-styled bankruptcy action and file this amendment to the original Debtors' Petition, filed on July 12, 2018 and show the Court the following:

Schedules E/F Creditors holding Unsecured Priority Claims and creditors holding Unsecured Non-Priority Claims heretofore filed in this proceeding is hereby amended by adding the following unsecured priority creditors:

CREDITOR	DESCRIPTON	AMOUNT
West Rome Animal Clinic 2012 Shorter Ave. Rome, GA 30165	Notice Only	$0.00
Daniel Pate C/O Christopher Twyman, Esq. 711 Broad St. Rome, GA 30161	Notice Only	$0.00

AMENDED TOTAL OF SCHEDULE E	$1,850.32
AMENDED TOTAL OF SCHEDULE F	$34,987.00
AMENDED TOTAL OF LIABILITIES	$142,016.32

This 7th day of October 2019.

                                        __/s/Jeffrey B. Kelly_____
                                        JEFFREY B. KELLY
                                        Law Office of Jeffrey B. Kelly, P.C.
                                        Attorney for Debtors
                                        Georgia Bar No. 412798

107 E. 5th Avenue
Rome, GA 30161
(678) 861-1127 (Phone)
(706) 413-1365 (Fax)
lawoffice@kellycanhelp.com

AFFIDAVIT

The undersigned hereby declares under penalty of perjury, that the statements

made in the foregoing are true and correct to the best of his/her information, knowledge

and belief.

This 7th day of October 2019.

/s/Matthew David Landers
DEBTOR

/s/Meleah Beth Landers
DEBTOR

Fill in this information to identify your case:

Debtor 1	**Matthew David Landers**
	First Name Middle Name Last Name
Debtor 2	**Meleah Beth Landers**
(Spouse if, filing)	First Name Middle Name Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA
Case number (if known)	**18-41619-bem**

■ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims   12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1:   List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**

   ☐ No. Go to Part 2.

   ■ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

   (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	**Georgia Department of Revenue**	Last 4 digits of account number __ __ __ __	$1,850.32	$0.00	$1,850.32

Priority Creditor's Name
Bankruptcy Section
PO Box 161108
Atlanta, GA 30321-1108
Number Street City State Zip Code

When was the debt incurred? _____

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

■ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify _____

Notice Only

Debtor 1	**Matthew David Landers**		
Debtor 2	**Meleah Beth Landers**		

Case number (if known) **18-41619-bem**

| 2.2 | **IRS** | Last 4 digits of account number | | $0.00 | $0.00 | $0.00 |

Priority Creditor's Name

**Centralized Solvency Operation
PO Box 21126
Philadelphia, PA 19114**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

■ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify _____

Notice Only

Part 2:   **List All of Your NONPRIORITY Unsecured Claims**

3.   **Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

■ Yes.

4.   **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

| 4.1 | **1st Franklin Financial Corpora** | Last 4 digits of account number | | $1,082.00 |

Nonpriority Creditor's Name

**135 E Tugalo St
Toccoa, GA 30577**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Lawsuit**

Best Case Bankruptcy

Debtor 1	**Matthew David Landers**
Debtor 2	**Meleah Beth Landers**

Case number (if known)   **18-41619-bem**

| 4.2 | **Aarons Sales & Lease** | Last 4 digits of account number | **3566** | $0.00 |

Nonpriority Creditor's Name

**Attn: Bankruptcy
309 E Paces Ferry Rd Ne
Atlanta, GA 30305**
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

When was the debt incurred?   **Opened 08/10 Last Active 9/06/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Notice Only**

| 4.3 | **Acima Credit Fka Simpl** | Last 4 digits of account number | **6031** | $2,035.00 |

Nonpriority Creditor's Name

**9815 S Monroe St Fl 4
Sandy, UT 84070**
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

When was the debt incurred?   **Opened 07/17 Last Active 8/07/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Lease**

| 4.4 | **American General Financial/Springleaf Fi** | Last 4 digits of account number | **5591** | $0.00 |

Nonpriority Creditor's Name

**Springleaf Financial/Attn:
Bankruptcy De
Po Box 3251
Evansville, IN 47731**
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

When was the debt incurred?   **Opened 4/26/13 Last Active 9/26/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Notice Only**

Software Copyright (c) 1996-2019 Best Case, LLC - www.bestcase.com   Best Case Bankruptcy

Debtor 1	**Matthew David Landers**			
Debtor 2	**Meleah Beth Landers**	Case number (if known)	**18-41619-bem**	

| 4.5 | **Bank Of America** | Last 4 digits of account number | **4249** | **$4,135.00** |

Nonpriority Creditor's Name

**Nc4-105-03-14
Po Box 26012
Greensboro, NC 27410**

Number Street City State Zip Code

When was the debt incurred?   **Opened 1/16/06 Last Active 07/17**

Who incurred the debt? Check one.

☐ Debtor 1 only

■ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Credit**

| 4.6 | **Capital One** | Last 4 digits of account number | **0452** | **$1,344.00** |

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 30253
Salt Lake City, UT 84130**

Number Street City State Zip Code

When was the debt incurred?   **Opened 09/16 Last Active 9/18/17**

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Credit Card**

| 4.7 | **Cb&t** | Last 4 digits of account number | **2725** | **$0.00** |

Nonpriority Creditor's Name

**Attn:Bankruptcy
Po Box 120
Columbus, GA 31902**

Number Street City State Zip Code

When was the debt incurred?   **Opened 02/05 Last Active 06/07**

Who incurred the debt? Check one.

☐ Debtor 1 only

■ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Notice Only**

Debtor 1	**Matthew David Landers**		
Debtor 2	**Meleah Beth Landers**	Case number (if known)	**18-41619-bem**

4.8 | **Citicards Cbna**
Nonpriority Creditor's Name

Citicorp Credit Svc/Centralized Bankrupt
Po Box 790040
Saint Louis, MO 63179
Number Street City State Zip Code

Last 4 digits of account number	**5410**	$0.00

When was the debt incurred?   **Opened 11/94 Last Active 9/13/17**

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Credit Card - notice only**

4.9 | **Collection Srvs of Athens, Inc**
Nonpriority Creditor's Name

Po Box 8048
Athens, GA 30603
Number Street City State Zip Code

Last 4 digits of account number	**3509**	$368.00

When was the debt incurred?   **Opened 05/12 Last Active 11/11**

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Medical Debt Rome Radiology**

4.10 | **Daniel Pate**
Nonpriority Creditor's Name

C/O Christopher Twyman, Esq.
711 Broad St.
Rome, GA 30161
Number Street City State Zip Code

Last 4 digits of account number		$0.00

When was the debt incurred?

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Notice Only**

Debtor 1	Matthew David Landers
Debtor 2	Meleah Beth Landers

Case number (if known) **18-41619-bem**

4.1 1

Duvera Collections
Nonpriority Creditor's Name
Attention: Bankruptcy Department
Po Box 2549
Carlsbad, CA 92018
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number **A040** $2,392.00

When was the debt incurred? **Opened 08/17 Last Active 09/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Installment Sales Contract**

4.1 2

Easypay Finance
Nonpriority Creditor's Name
PO Box 2549
Carlsbad, CA 92018
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number _____ $260.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Personal Loan**

4.1 3

Elan Financial Servi
Nonpriority Creditor's Name

Cb Disputes
Saint Louis, MO 63166
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number **3942** $0.00

When was the debt incurred? **Opened 6/15/11 Last Active 9/20/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Debtor was an authorized user - disputes this debt**

Debtor 1	Matthew David Landers		
Debtor 2	Meleah Beth Landers	Case number (if known)	18-41619-bem

| 4.1 4 | Equifax | Last 4 digits of account number | $0.00 |

Nonpriority Creditor's Name
PO Box 740241
Atlanta, GA 30374-0241
Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

■ No
☐ Yes

■ Other. Specify   **Notice Only**

| 4.1 5 | Experian | Last 4 digits of account number | $0.00 |

Nonpriority Creditor's Name
PO Box 9701
Allen, TX 75013-9701
Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

■ No
☐ Yes

■ Other. Specify   **Notice Only**

| 4.1 6 | Floyd Medical | Last 4 digits of account number | $1,103.00 |

Nonpriority Creditor's Name
420 East Second Avenue
Ste. 102
Rome, GA 30161
Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

■ No
☐ Yes

■ Other. Specify   **Medical**

Debtor 1	**Matthew David Landers**		
Debtor 2	**Meleah Beth Landers**	Case number (if known)	**18-41619-bem**

4.17

Floyd Primary Care
Nonpriority Creditor's Name
PO Box 1882
Rome, GA 30162
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Medical**

$218.00

4.18

Floyd Professional Billing
Nonpriority Creditor's Name
PO Box 1882
Rome, GA 30162-1882
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Medical**

$273.00

4.19

Harbin Clinic
Nonpriority Creditor's Name
1825 Martha Berry Blvd
Rome, GA 30165-1644
Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Medical**

$89.00

Debtor 1	**Matthew David Landers**			
Debtor 2	**Meleah Beth Landers**		Case number (if known)	**18-41619-bem**

4.20

Holloway

Nonpriority Creditor's Name

Holloway Credit Solutions, LLC.
Po Box 6441
Dothan, AL 36302

Number Street City State Zip Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number   **5951** $0.00

When was the debt incurred?   **Opened 11/12/12 Last Active 8/08/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Notice Only**

4.21

Law Office of Scheer,Green &..

Nonpriority Creditor's Name

1 Segate Suite 640
Toledo, OH 43604

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number $3,300.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **collections for medical debt**

4.22

MDS/Medical Data Systems

Nonpriority Creditor's Name

2001 9th Ave
Ste 312
Vero Beach, FL 32960

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number   **0266** $3,277.00

When was the debt incurred?   **Opened 9/01/15 Last Active 03/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Medical Debt Floyd Medical C**

Debtor 1 **Matthew David Landers**
Debtor 2 **Meleah Beth Landers**

Case number (if known)   **18-41619-bem**

| 4.2 3 | **Med Fast** | Last 4 digits of account number | | | **$20.00** |

Nonpriority Creditor's Name
PO Box 2002
Tallevast, FL 34270
Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Medical Collections**

| 4.2 4 | **Mid America Bank & T** | Last 4 digits of account number | **7990** | | **$418.00** |

Nonpriority Creditor's Name

121 Continental Dr Ste 1
Newark, DE 19713
Number Street City State Zip Code

When was the debt incurred?   **Opened 12/14 Last Active 9/05/17**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

■ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Credit Card**

| 4.2 5 | **Natiowide Recovery Service** | Last 4 digits of account number | **0496** | | **$1,199.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 8005
Cleveland, TN 37320
Number Street City State Zip Code

When was the debt incurred?   **Opened 01/17**

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Collection Attorney Harbin Clinic Llc**

Debtor 1	**Matthew David Landers**			
Debtor 2	**Meleah Beth Landers**	Case number (if known)	**18-41619-bem**	

4.2 6	**OHSI Financial Services**	Last 4 digits of account number _____		**$110.00**

Nonpriority Creditor's Name

**1000 Circle 75 Parkway
Suite 600
Atlanta, GA 30339**

Number Street City State Zip Code

When was the debt incurred? _____

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Medical Collections**

4.2 7	**Onemain**	Last 4 digits of account number **2145**		**$7,418.00**

Nonpriority Creditor's Name

**Po Box 1010
Evansville, IN 47706**

Number Street City State Zip Code

When was the debt incurred?   **Opened 4/03/15 Last Active 8/03/17**

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Note Loan**

4.2 8	**Onemain**	Last 4 digits of account number **5591**		**$3,448.00**

Nonpriority Creditor's Name

**Po Box 1010
Evansville, IN 47706**

Number Street City State Zip Code

When was the debt incurred?   **Opened 01/15 Last Active 8/03/17**

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Note Loan**

Debtor 1   **Matthew David Landers**
Debtor 2   **Meleah Beth Landers**

Case number (if known)   **18-41619-bem**

4.29

PDQ

Nonpriority Creditor's Name

PO Box 2109
Woodstock, GA 30188

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number _____   **$94.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Medical Collections**

4.30

Pentagon Federal Cr Un

Nonpriority Creditor's Name

Po Box 1432
Alexandria, VA 22313

Number Street City State Zip Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number   **9815**   **$0.00**

When was the debt incurred?   **Opened 02/07 Last Active 8/15/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Notice Only**

4.31

Portfolio Recovery

Nonpriority Creditor's Name

Po Box 41067
Norfolk, VA 23541

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

Last 4 digits of account number   **3188**   **$348.00**

When was the debt incurred?   **Opened 05/14 Last Active 06/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Factoring Company Account World Financial Network Bank**

Debtor 1   **Matthew David Landers**

Debtor 2   **Meleah Beth Landers**

Case number (if known)   **18-41619-bem**

4.3 2			

Santander Consumer USA
Nonpriority Creditor's Name

Last 4 digits of account number   **1000**

$0.00

Po Box 961245
Ft Worth, TX 76161
Number Street City State Zip Code

When was the debt incurred?   **Opened 08/08 Last Active 11/15/16**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
■ Check if this claim is for a community debt
Is the claim subject to offset?
■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Automobile - notice only**

4.3 3			

Seas & Associates, LLC
Nonpriority Creditor's Name

Last 4 digits of account number   _____

$271.00

PO Box 15174
Little Rock, AR 72231
Number Street City State Zip Code

When was the debt incurred?   _____

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
■ Check if this claim is for a community debt
Is the claim subject to offset?
■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Medical Collections**

4.3 4			

Synchrony Bank/Care Credit
Nonpriority Creditor's Name

Last 4 digits of account number   **9245**

$800.00

Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896
Number Street City State Zip Code

When was the debt incurred?   **Opened 6/08/16 Last Active 9/08/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
■ Check if this claim is for a community debt
Is the claim subject to offset?
■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Charge Account**

Debtor 1   **Matthew David Landers**

Debtor 2   **Meleah Beth Landers**

Case number (if known)   **18-41619-bem**

4.3 5			
	Tanner Medical Group	Last 4 digits of account number	**$50.00**
	Nonpriority Creditor's Name		

PO Box 896096
Charlotte, NC 28289
Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

■ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Medical**

4.3 6			
	Target	Last 4 digits of account number **6271**	**$0.00**
	Nonpriority Creditor's Name		

C/O Financial & Retail Srvs
Mailstopn BT POB 9475
Minneapolis, MN 55440
Number Street City State Zip Code

When was the debt incurred?   **Opened 11/23/07 Last Active 07/10**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only

■ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Notice Only**

4.3 7			
	Trans Union	Last 4 digits of account number	**$0.00**
	Nonpriority Creditor's Name		

PO Box 1000
Chester, PA 19022
Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Notice Only**

Debtor 1   **Matthew David Landers**

Debtor 2   **Meleah Beth Landers**   Case number (if known)   **18-41619-bem**

| 4.3 8 | **Verve Credit Card** | Last 4 digits of account number | **7990** | **$435.00** |

Nonpriority Creditor's Name

P.O. Box 31292
Tampa, FL 33631-3292

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Charge Account**

| 4.3 9 | **West Rome Animal Clinic** | Last 4 digits of account number | | **$0.00** |

Nonpriority Creditor's Name

2012 Shorter Ave.
Rome, GA 30165

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Notice Only**

| 4.4 0 | **World Finance Corp** | Last 4 digits of account number | **4201** | **$500.00** |

Nonpriority Creditor's Name

2640b Metropolitan Pkwy
Atlanta, GA 30315

Number Street City State Zip Code

When was the debt incurred?   **Opened 08/14 Last Active 09/17**

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Note Loan**

Part 3:   **List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1	**Matthew David Landers**		
Debtor 2	**Meleah Beth Landers**	Case number (if known)	**18-41619-bem**

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Ben F Cheek III **135 East Tugalo St** **Toccoa, GA 30577**	Line **4.1** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Financial Asset Management Sys **PO Box 1069** **Woodstock, GA 30188**	Line **2.1** of (Check one): ☑ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Floyd County Magistrate **3 Government Plaza Suite 227** **Rome, GA 30161**	Line **4.1** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Floyd Emergency Physicians LLC **PO Box 938** **Vero Beach, FL 32960**	Line **4.21** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Floyd Professional Billing **PO Box 1882** **Rome, GA 30162-1882**	Line **4.16** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Riverside Oral & Facial Surger **2001 J L Todd Drive** **Rome, GA 30161-5048**	Line **4.29** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Verve **PO Box 31292** **Tampa, FL 33631**	Line **4.24** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Workout Anytime **PO Box 6800** **North Little Rock, AR 72124**	Line **4.33** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ☑ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number

Part 4:   **Add the Amounts for Each Type of Unsecured Claim**

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

			Total Claim
Total claims from Part 1	6a. **Domestic support obligations**	6a.	$ 0.00
	6b. **Taxes and certain other debts you owe the government**	6b.	$ 1,850.32
	6c. **Claims for death or personal injury while you were intoxicated**	6c.	$ 0.00
	6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	$ 0.00
	6e. **Total Priority.** Add lines 6a through 6d.	6e.	$ 1,850.32
			Total Claim
Total claims from Part 2	6f. **Student loans**	6f.	$ 0.00
	6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0.00

Debtor 1	**Matthew David Landers**		
Debtor 2	**Meleah Beth Landers**	Case number (if known)	**18-41619-bem**

	6h.	**Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0.00
	6i.	**Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	$ 34,987.00
	6j.	**Total Nonpriority.** Add lines 6f through 6i.	6j.	$ 34,987.00

Fill in this information to identify your case:

Debtor 1	**Matthew David Landers**
	First Name Middle Name Last Name
Debtor 2	**Meleah Beth Landers**
(Spouse if, filing)	First Name Middle Name Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA
Case number	**18-41619-bem**
(if known)	

■ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information   12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1:	Summarize Your Assets

		Your assets Value of what you own
1.	**Schedule A/B: Property** (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B..	$ **107,485.00**
	1b. Copy line 62, Total personal property, from Schedule A/B......................................	$ **28,250.00**
	1c. Copy line 63, Total of all property on Schedule A/B..	$ **135,735.00**

Part 2:	Summarize Your Liabilities

		Your liabilities Amount you owe
2.	*Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D) 2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of *Schedule D...*	$ **105,179.00**
3.	*Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*...............................	$ **1,850.32**
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*...........................	$ **34,987.00**
	Your total liabilities	$ **142,016.32**

Part 3:	Summarize Your Income and Expenses

4.	*Schedule I: Your Income* (Official Form 106I) Copy your combined monthly income from line 12 of *Schedule I*...	$ **4,040.00**
5.	*Schedule J: Your Expenses* (Official Form 106J) Copy your monthly expenses from line 22c of *Schedule J*...	$ **3,565.00**

Part 4:	Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

   ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

   ■ Yes

7. **What kind of debt do you have?**

   ■ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

   ☐ **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. *Check this box* and submit this form to

Debtor 1   **Matthew David Landers**
Debtor 2   **Meleah Beth Landers**   Case number *(if known)*   **18-41619-bem**
_____
            the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form
    122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. $ **4,333.00**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

From Part 4 on *Schedule E/F*, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$ 1,850.32
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$ 0.00
9d. Student loans. (Copy line 6f.)	$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+$ 0.00
9g. **Total.** Add lines 9a through 9f.	$ 1,850.32

Official Form 106Sum   **Summary of Your Assets and Liabilities and Certain Statistical Information**   page 2 of 2

Fill in this information to identify your case:			
Debtor 1	**Matthew David Landers**		
	First Name	Middle Name	Last Name
Debtor 2	**Meleah Beth Landers**		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA		
Case number	**18-41619-bem**		
(if known)			

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules   12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of person _____   Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X	**/s/ Matthew David Landers**	X	**/s/ Meleah Beth Landers**
	Matthew David Landers		Meleah Beth Landers
	Signature of Debtor 1		Signature of Debtor 2
	Date **October 7, 2019**		Date **October 7, 2019**

Official Form 106Dec   **Declaration About an Individual Debtor's Schedules**

CERTIFICATE OF SERVICE

This is to certify that I have this day served a copy of the foregoing Amendment to Schedules E/F on the following by U. S. Mail, in a properly stamped and addressed envelope.

Mary Ida Townson
Chapter 13 Trustee
285 Peachtree Center Ave., NE, Suite 1600
Atlanta, GA 30303

Matthew D. Landers
Meleah B. Landers
66 Mango Rd., NE
Rome, GA 30161

This 7th day of October 2019.

/s/ Jeffrey B. Kelly
Jeffrey B. Kelly, Esquire
Attorney for Debtors
Bar No. 412798
107 E. 5th Avenue
Rome, GA 30161
Phone (678) 861-1127
Fax (706) 413-1365
lawoffice@kellycanhelp.com

AMENDED MATRIX   R18-41619BEM
October 7, 2019

West Rome Animal Clinic
2012 Shorter Ave.
Rome, GA 30165

Daniel Pate
C/O Christopher Twyman, Esq.
711 Broad St.
Rome, GA 30161